



### **BAYOU HEALTH**

# Plan Change Request by Reason Active Members

Reporting Period: March 2013

Effective Date: April 01, 2013

#### **SUMMARY**

GSA/Transfer	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	UnitedHealthcare	Total Transfers
<b>GSA A</b> 90 Day Grace Period	38	104	35	22	129	328
Outside 90 Day Grace Period	9	36	7	13	33	98
GSA B 90 Day Grace Period	33	131	61	35	371	631
Outside 90 Day Grace Period	1	0	0	0	4	5
<b>GSA C</b> 90 Day Grace Period	21	151	79	24	165	440
Outside 90 Day Grace Period	13	43	9	11	46	122
Total Transfers	115	465	191	105	748	1,624

Transfer	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	UnitedHealthcare	Total Transfers
90 Day Grace Period	92	386	175	81	665	1,399
Outside 90 Day Grace Period	23	79	16	24	83	225
Total Transfers	115	465	191	105	748	1,624

Description: This report shows a summary of plan changes requests by reason created during the reporting month.

Transfer Reason Description	Amerigroup	Amerigroup Community Health Solutions		LA Healthcare Connections	United Healthcare	Total Transfers					
I.STAYED IN BAYOU HEALTH /TRANSFERRED HEALTH PLAN DURING 90 DAY GRACE PERIOD											
90 Day Enrollment Grace Period	92	386	175	81	665	1,399					
2.STAYED IN BAYOU HEALTH /TRANSFERF	RED HEALTH PLA	N OUTSIDE 90 DAY GF	ACE PERIOD-	FOR CAUSE							
Member requests to be assigned to the same Plan as family members	22	79	16	24	83	224					
The member needs related services to be performed at the same time	0	0	0	0	0	0					
Poor quality of care	0	0	0	0	0	0					
Lack of access to services covered under the contract	1	0	0	0	0	1					
Lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	0					
To implement the decision of a hearing officer	0	0	0	0	0	0					
Total For Cause Transfers	23	79	16	24	83	225					

Description: This report shows a summary of plan changes requests by reason created during the reporting month.

Transfer Reason Description	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	United Healthcare	Total Transfers
GSA A						
90 Day Enrollment Grace Period	38	104	22	35	129	328
Member requests to be assigned to the same Plan as family members	8	36	13	7	33	97
The member needs related services to be performed at the same time	0	0	0	0	0	0
Poor quality of care	0	0	0	0	0	0
Lack of access to services covered under the contract	1	0	0	0	0	1
Lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	0
To implement the decision of a hearing officer	0	0	0	0	0	0
Total Transfers GSA A	47	140	35	42	162	426

Transfer Reason Description	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	United Healthcare	Total Transfers
GSA B						
90 Day Enrollment Grace Period	33	131	35	61	371	631
Member requests to be assigned to the same Plan as family members	1	0	0	0	4	5
The member needs related services to be performed at the same time	0	0	0	0	0	0
Poor quality of care	0	0	0	0	0	0
Lack of access to services covered under the contract	0	0	0	0	0	0
Lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	0
To implement the decision of a hearing officer	0	0	0	0	0	0
Total Transfers GSA B	34	131	35	61	375	636

Transfer Reason Description	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	United Healthcare	Total Transfers
GSA C						
90 Day Enrollment Grace Period	21	151	24	79	165	440
Member requests to be assigned to the same Plan as family members	13	43	11	9	46	122
The member needs related services to be performed at the same time	0	0	0	0	0	0
Poor quality of care	0	0	0	0	0	0
Lack of access to services covered under the contract	0	0	0	0	0	0
Lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	0
To implement the decision of a hearing officer	0	0	0	0	0	0
Total Transfers GSA C	34	194	35	88	211	562

#### **SPECIAL CIRCUMSTANCES**

Transfer Reason Description Amerigroup Community Health LaCare LA Healthcare United Solutions Connections Healthcare

## **NO SPECIAL CIRCUMSTANCES TO REPORT**